

REVISED STATE PERFORMANCE PLAN (SPP) 2005-2010¹**Overview of the State Performance Plan Development:**

The Office of the State Superintendent of Education (OSSE), Department of Special Education (DSE), DC Early Intervention Program (DC EIP) (herein after referred to as the District (*formerly Infants and Toddlers with Disabilities Division*)) serves as the designated office for the District of Columbia responsible for administering Part C of the Individuals with Disabilities Education Act. The District of Columbia Part C program is funded through a federal grant under the U.S. Department of Education, Office of Special Education Programs.

On April 1, 2008, ECEA, including DC EIP, was transitioned to the District of Columbia Office of the State Superintendent of Education as a result of the Public Education Reform Act of 2007 (D.C. Law 17-9, effective June 12, 2007). The District of Columbia Special Education Program (IDEA Part B) is also a component of OSSE. A second transition occurred in summer 2008 with the DC EIP transitioning to the Department of Special Education under the OSSE Part B program.

Initial development of the SPP involved staff of the DC EIP and the Interagency Coordinating Council (ICC), the advisory board for DC Part C. The DC EIP and ICC met in June 2005 to begin planning the stakeholders' involvement in the development of the District of Columbia six year State Performance Plan (SPP). These stakeholders included the ICC and parents. Staff of the DC EIP met with the full ICC at its quarterly meeting in July 2005 to provide an overview of the SPP requirements and to plan a timeline for ICC and other stakeholders' input. All staff attended OSEP's Summer Institute held in August 2005 to learn more about the SPP requirements and OSEP's expectations. The draft SPP, as developed, was shared and reviewed with members of the ICC at a day-long retreat in October 2005. Additional stakeholder input was obtained through a focus group held at a family orientation luncheon in November 2005, facilitated by a parent member of the ICC. The State Performance Plan has been revised to reflect the approved FFY 2008 Annual Performance Report (APR).

It is significant to note that the District revised the start and end of its reporting period to align with the federal fiscal year. This resulted in an overlap in data and reporting between the FFY 2006 and 2007 APR submissions.

The state Management Information System (MIS) is the database that serves as the data management tool for the U.S. Department of Education, Office of Special Education Programs (OSEP) federal reporting requirements. All data are cross-checked and verified by desk audits. The database was developed and ready for use in June 2006. In FFY 2009 DC EIP began using a Quick Base application, Early Steps and Stages Tracker (ESST) as its primary database. Future APRs are expected to utilize the ESS as the primary source for collection and analysis of data. The District is more confident in the improved reliability of the data generated from its new

¹ Revisions made as of February 1, 2010

system. This is important in accurately identifying infants and toddlers served during each reporting period. In addition, the Quick Base platform allows for immediate modifications of the database.

The District received ongoing monthly on-site technical assistance from the Mid-South Regional Resource Center (Mid-South), FFY 2006 through FFY 2008. The assigned Technical Assistance Specialist facilitated meetings with staff and stakeholders designed to analyze implementation of federal requirements and internal and external monitoring procedures. The Data Accountability Center (DAC) (formerly NCSEAM) and the National Early Childhood Technical Assistance Center (NECTAC) also provide technical assistance to DC's Part C program.

Outreach and Public Awareness Plan

The District will make the both the SPP and APR available to the public, including publishing the plan and report in the *District of Columbia Register* and posting the APR on the OSSE website. In addition, the APR will be disseminated to the public through the ICC and other early intervention related committees. The APR will be available to the public within forty-five (45) days after OSEP's approval of the report.

The District will comply with federal requirements for public reporting of those providers who have not met compliance requirements related to the OSEP indicators identified in this SPP and reported in the APR each year. Providers who must be reported will be identified on the OSSE website.

The following chart outlines the distribution of Part C information and materials for the purpose of increasing public awareness of the DC EIP in the District of Columbia. This plan includes targeted outreach to limited or non-English proficient communities. All sub-grantees and contractors funded through the Part C Office are required to assist with the distribution and information sharing of the DC EIP mission.

Audience	Materials	Community Distribution
Consumers (Families)	<ul style="list-style-type: none"> • Brochures • Fact Sheets • Resource Directory • Public Service Announcements • Promotional giveaways such as pens, cups, etc. • Flyers • Newsletters 	<ul style="list-style-type: none"> • Health Fairs & Community Events • TV, Radio • Website • Public Libraries • Community based establishments (e.g. Grocery Stores, Hair Salons, Convenience Stores, Community Centers • ECEA Grantees

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Audience	Materials	Community Distribution
Hospitals, Physicians and Nurse Practitioners	<ul style="list-style-type: none"> Referral Guide Posters Brochures Magnets Pens Rolodex Cards 	<ul style="list-style-type: none"> Doctor's Offices Clinic Staff Waiting Areas Bulletin Boards (electronic and traditional) Mail Website Personal Visits
Child Care Providers	<ul style="list-style-type: none"> Posters Calendars Brochures Fact Sheets Newsletters Pens Magnets 	<ul style="list-style-type: none"> Mail Website Training Meetings Compliance Visits
Other Government Agencies	<ul style="list-style-type: none"> Posters Referral Guide Rolodex Cards Eligibility Requirements Presentations Newsletters 	<ul style="list-style-type: none"> Mail Website Meetings (professional/community) Trainings (professional/community)
Private and Religious Organizations	<ul style="list-style-type: none"> Posters Rolodex Cards Presentations Newsletters Referral Guide 	<ul style="list-style-type: none"> Mail Website Meetings (professional/community) Trainings (professional/community)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a) (3) (A) and (1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

During FFY 2004, the Part C Office staff instituted the practice of bi-monthly phone calls to every family in the early intervention system to check on the status of their services. Less than one year later DC EIP began a new practice of tracking services on a monthly tracking sheet. Both practices were developed to help ensure that children and families receive all of the services on their Individualized Family Service Plans (IFSPs) in a timely manner. Because OSEP has not previously required data on the number of days elapsed between parental consent for services and the initiation of those services, DC EIP has not systematically tracked the *start date* of services. DC EIP is able to track this information using the providers' monthly reports and invoices. In FFY 2005 DC EIP instituted the practice of having service start dates recorded on the internal monthly tracking sheets as well as in the dedicated service coordination monthly reports. In order to establish the baseline data for the current SPP, DC EIP sought to identify start dates by reviewing the early intervention providers' December 2004 caseload reports submitted in compliance with the Part C Office's monitoring requirements. Because the Part C Office did not require service start dates in those caseload reports, DC EIP staff has worked with the providers to identify the start dates for as many of the children as possible. The baseline for this SPP is compiled from the records of 106 children.

Criteria for Timely Receipt of Services:

Services that begin within 30 days of the initial IFSP or parent's initial signed consent for services (if IFSP is delayed) meet the DC EIP criteria for timely onset. We have selected this

timeline because it is in synch with the DC Public Schools' 30-day timeline from completion of the Individualized Education Program (IEP) to service delivery and with the Medicaid Managed Care Organizations (MCOs) whose contracts allow 30 days for delivery of non-urgent care appointments.

Baseline Data for FFY 2003 (2003-2004):

Total Cases	In Compliance 30 days	39 - 46 days (9-16 days delay)	54 - 61 days (24-31 days delay)	Over 61 days (Month delay or more)
106	72	6	6	22

Reason for Delay	9-16 days delay	24-31 days delay	Over 31 days delay
Parent	0	2	15
Provider	1	1	0
Managed Care	2	2	2
Private Insurance	0	1	1
Child Care Voucher	3	0	0
Hospitalization	0	0	4

Discussion of Baseline Data:

Using monthly reports submitted by early intervention providers in December, 2004, DC EIP was able to track the start date of services for 106 children. Seventy-two (72) children began their services within 30 days of their initial IFSP meeting or of initial parental consent if the IFSP was delayed. Thirty-four (34) children encountered delays from nine (9) to over 30 days. Of the 34 with delays, seventeen (17) were caused by parents needing more time before they could take advantage of services and four (4) of the delays were due to hospitalization of children. Thirteen (13) of the delays related to issues involving Managed Care, private insurance, child care vouchers, or service providers. Thus, out of the 106 cases, 93 (88%) were in compliance with the 30 day start date or were delayed for reasons that are considered acceptable under the law (i.e. exceptional family circumstances). Thirteen (13) or 12% raised

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compliance issues that the DC Part C Office is aware of and will address in the improvement activities described below.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities Proposed/Timelines/Resources:

	Improvement Activities	Timelines & Resources	Status
1.	Technical assistance and training on timely service delivery for sub-grantees and contractors	Ongoing, 2007-2010 Part C Coordinator and staff, Comprehensive System of Professional Development (CSPD), NCSEAM, (now the Data Accountability Center (DAC)), MSRRC, NECTAC, OSSE, and Additional Key Stakeholders	FFY 2008: IFSP trainings for service coordinators and evaluation/direct service providers were provided in February and March 2009 and included a section on timely services. Also, monthly meetings were held for all providers and in-house staff to ensure consistency with procedures and to identify TA

	Improvement Activities	Timelines & Resources	Status
			needs.
2.	Re-examine the definition for timely receipt of service to ensure that the definition reflects OSEP's definition of timely receipt of service and parental right to prior informed written consent.	June 2008 – August 2008 Part C Coordinator and staff, and Stakeholders.	FFY 2008: This activity was postponed due to leadership changes and is on track to be completed in Spring of FFY 2010 via regulation and policy issuance.
3.	Explore the use of the Human Care Agreement as mechanism to offer contracts for services and shorten the time needed to identify additional service providers.	September 2007 Part C Coordinator and staff, OSSE Grants Management Specialist, and OSSE OCP.	FFY 2008: This activity occurred in FFY 2008, and evaluation providers signed their agreements beginning in July 2009. Direct service providers signed their agreements beginning in November 2009.
4.	Collaborate with the Department of Health (DOH), Medical Assistance Administration's (effective 10/1/08, this entity was reorganized as the Department of Health Care Finance) Medicaid Managed Care organizations to develop a formal intake, referral and case management process to monitor and ensure timely receipt of services for eligible families.	Ongoing, 2007-2010 Part C Coordinator and staff, and Medical Assistance Administration, Medicaid Managed Care Director.	FFY 2008: Meetings occurred monthly throughout FFY 2008 with care coordinators and their management.
5.	Collaborate with area universities to increase student awareness of early intervention as a career option and to identify interns and new graduates who may be interested in working in	Ongoing, 2006-2010 Part C Coordinator and staff, Interagency Coordinating Council (ICC), CSPD, and other appropriate community stakeholders	FFY 2008: No activity occurred in FFY 2008. DC EIP is currently developing a public awareness campaign and partnering with Institutes of Higher Education

	Improvement Activities	Timelines & Resources	Status
	the field.		stakeholders to identify and implement strategies to increase recruitment and retention of quality service providers. Activities include: -special education career awareness campaigns, and - career academies for high school dual enrollment programs.
6.	Implement an electronic distribution of flyers as a marketing campaign to locate and identify additional service providers.	Ongoing, 2007-2008 Part C Coordinator and staff, and OSSE Office of the Chief of Staff	FFY 2008: OSSE determined late in 2008 that an updated marketing campaign was needed to reflect new OSSE leadership, DC EIP's move to Department of Special Education (DSE) and the current needs of the program. DC EIP is working with the DC OCP on solicitation for a vendor to complete this work.
7.	Identify and utilize additional funding opportunities to provide additional financial support for the DC Part C Program	Ongoing, 2007-2010 Part C Coordinator and staff; OSSE Administrators, and Department of Health	FFY 2008: Various activities in FFY 2008 related to enhancement of Medicaid as a payor for Part C took place. Monthly meetings were held throughout the year. During FFY 2009, the Part C Finance Systems Committee of the ICC began reviewing additional sources of funding for Part C and will prepare a set of recommendations for submission to OSSE leadership.
8.	Review and revise policies and procedures related to	February 2008-2010 Part C Coordinator and	FFY 2008: Part C Coordinator and staff

	Improvement Activities	Timelines & Resources	Status
	service coordination and timely initiation of services to improve service delivery	staff, NECTAC, MSRRC, and CSPD.	completed first round of reviews. This activity is on track to be completed in Spring of FFY 2010 via updated regulation and policy issuance.
9.	Access technical assistance from NECTAC and MSRRC regarding timely provision of services	February 2008-2010 Part Coordinator and staff, NECTAC, and MSRRC	FFY 2008: Ongoing technical assistance was provided both by MSRRC and DAC during FFY 2008, including on-site meetings and numerous conference calls to review all data for all indicators and programming implications. Timely service delivery was part of all discussions. NECTAC provided assistance on Indicator 3 and 4.
10.	Explore the feasibility and effectiveness of primary provider coaching model of service delivery	August 2008-2010 Part C Coordinator and staff, Community Service Providers, and families	FFY 2008: No activity occurred in FFY 2008. Discussions and a review of data related to the effectiveness of other service delivery models are currently underway, but a decision related to changes has not been made to date.
11.	DC Part C will utilize DC Part B's "Easy IEP" system and replicate it for Part C by developing the "Easy IFSP" system with appropriate training and mentoring for staff and providers to insure timely data collection	October 2008-June 2010 DC Part C Coordinator and staff, OSSE OIS, MSRRC, NECTAC, sub-grantees	FFY 2008: This activity is pending completion of the Phase II of work on the Special Education Data System (SEDS) that began in the Fall 2009. In the interim, DC EIP is using the new Early Steps and Stages Tracker Quick Base database to ensure real time data to track and facilitate

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	Improvement Activities	Timelines & Resources	Status
			timelines and monitor compliance.
12.	Revise Provider monthly report form to clearly identify all new services from each IFSP and start dates of services.	October 2008-February 2009 DC Part C Coordinator and staff, MSRRC, and sub-grantees	FFY 2008: Completed The Provider monthly report form has been modified and is currently in use by providers.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

(20 U.S.C. 1416(a) (3) (A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

Since 1998 all center-based early intervention programs for young children with disabilities in the District of Columbia have become subsidized child care providers under the OSSE/ECEA Child Care Subsidy Program. These programs enroll typically developing children as well as children with developmental delays and disabilities. In addition, ECEA is working on developing standards for a differential rate for child care providers who receive children with severe/profound disabilities. A special task force has been set up to study the feasibility of these rates.

Individualized Family Service Plan (IFSP) teams in the District of Columbia consider the early intervention programs participating under the Child Care Subsidy Program to be natural environments because these programs are community based and serve all children, those with or without disabilities. Parents enroll their children by choice. Since becoming subsidy providers, all of the early intervention programs have gradually increased the number of typically developing children they enroll in their programs. Classrooms vary at every center and all of the centers have some classrooms where more than half of the children participating are typically developing.

Baseline Data for FFY 2004 (2004-2005):

Year	Total Part C children Reported	Part C Children in Early Intervention CC Subsidy	Part C Children in Hospital based services	Part C Children in Traditional Child Care Subsidy	Part C Children in Home Based Services	Total Part C Children in Natural Environments

		Settings		Settings		
FY 2002	283	144 (51%)	18 (6%)	42 (15%)	79 (28%)	265 (94%)
FY 2003	247	107 (43%)	19 (8%)	42 (17%)	79 (32%)	228 (92%)
FY 2004	294	99 (34%)	29 (10%)	42 (14%)	124 (42%)	265 (90%)

Discussion of Baseline Data:

DC Part C Office's 618 Supplementary Data Report submitted to OSEP on November 1, 2005, revealed that 34% (99 out of 294) of children reported in services on December 1, 2004, received services in an early intervention child care subsidy program, 42% (124 out of 294) received services in their own home, 14% (42 out of 294) received services at a child care center and 10% (29 out of 294) received services at a hospital clinic. In total, 90% (265 out of 294) received services in a natural environment. IFSPs for the 29 children receiving services at the clinic contained appropriate child-specific justifications for services not being provided in the natural environment.

An increase of 10 children receiving services in out-patient clinical settings led to a 4% decrease in the proportion of children receiving their services in natural environments from FY 2002 to FY 2004. DC EIP recognizes the need to have settings other than natural environments available for some children and families and a small percentage of children will always receive services in clinical outpatient or in-patient settings. Therefore, annual targets have been established keeping in mind that for some children these hospital based settings may be the most appropriate even if they cannot be defined as "natural environments."

FFY	Measurable and Rigorous Target
2005 (2005-2006)	91%
2006 (2006-2007)	92%
2007 (2007-2008)	93%

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2008 (2008-2009)	94%
2009 (2009-2010)	94.5%
2010 (2010-2011)	95%

Improvement Activities/Timelines/Resources:

	Improvement Activities	Timelines & Resources	Status
1.	Technical assistance and educational activities to promote natural environments and inclusion to families, Part C staff, service providers and service coordinators	Ongoing, 2009 – 2010 Part C Coordinator and staff, CSPD, stakeholders	FFY 2008: The newly revised IFSP training package (completed in summer of 2009) highlights and emphasizing the importance of the natural environment requirements. This training is provided to all service coordinators, evaluation providers and Medicaid care coordinators.
2.	Participate in the Early Care and Education Administration's child care subsidy task force to analyze disability rates for special needs child care (Proposed reimbursement model approved by the Mayor's Advisory Committee on Early Childhood Development (MACECD) in November 2008)	September 2008 – June 2009 Part C Coordinator and staff, Stakeholders, and MACECD task force	FFY 2008: This activity was delayed due to changes in management of the DC EIP.
3.	Participate in the MACECD task force to develop strategies to increase the	June - September 2009 (Strategies for public	FFY 2008: The work of this committee has concluded. The ARC of DC has

	Improvement Activities	Timelines & Resources	Status
	capacity of Child Care Providers to offer inclusive child care settings and provide on-site therapeutic services to children with disabilities and special health care needs.	review and approval) Part C Coordinator and staff, and MACECD task force.	convened an early childhood workgroup of all relevant stakeholders including DC EIP, ARC, Medicaid, CFSA, Early Childhood and Education Administration, Children's Law Center and community child care providers. The workgroup's initial focus is on the Part C system in DC.
4.	Complete pilot testing of capacity building strategies including professional development workshops to train early care and education providers for receiving Part C children.	September 2009 Part C Coordinator and staff, CSPD, and MACECD task force	FFY 2008: The work of MACECD has concluded. DC EIP is in the process of developing strategies for professional development with the child care community through the workgroup described in the previous activity. In FFY 2009, DC EIP is also beginning work with the OSSE's contracted Parent Center to develop a plan for outreach and education.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

The District accessed technical assistance from OSEP, NECTAC and the Early Childhood Outcomes Center (ECO) to redesign the child outcomes measurement system. As of May 1, 2007 the District adopted the Child Outcomes Summary Form (COSF) to collect data for this indicator. A summary of the background and current approach are presented below.

The District will receive continued training and technical assistance from NECTAC and ECO to effectively implement and monitor this indicator. ECO provided training in 2007 and is scheduled to continue to provide trainings to District Part C staff, service coordinators and providers in 2008 with the first training scheduled for February 26, 2008. Technical assistance and training will also be provided to service providers and service coordinators to utilize the COSF. The District will participate in all local conferences, trainings and conference calls related to this indicator.

The District will maintain quality assurance and proper monitoring procedures to ensure the accuracy and completeness of the outcomes data including:

- Ongoing case reviews;
- Ongoing meetings with eligibility evaluation sites service providers and service coordinators to identify issues and to offer TA;

- Development of policies and procedures to guide measuring outcomes, which will be distributed to all providers and service coordinators to use to properly implement our plan for this indicator.

Background

Prior to April 2007, the District contracted with Teaching Strategies to utilize the Creative Curriculum to collect data for this indicator. District Part C staff, service coordinators, service providers and some families were trained to utilize the Creative Curriculum. The District began implementation of the process and determined that the Creative Curriculum method of collecting data would not easily fit with the current method of evaluation and data collection. While the Creative Curriculum is an excellent evaluation tool, the existing District Part C system is not compatible with how data must be collected for the Creative Curriculum, in large part, because of the requirement to complete three (3) or more observations and to have the results entered into the online database developed by Teaching Strategies. To that end, the District determined that it would be most effective if the existing evaluation structure was used to implement requirements for this indicator.

The District informed its stakeholders of the status for measuring outcomes and began the process of exploring alternatives to meet the needs of DC Part C to develop an effective child outcomes measurement system. As a result, the District accessed technical assistance from OSEP who linked DC Part C with NECTAC, Mid-South and the Early Childhood Outcomes Center (ECO). The District and NECTAC, Mid-South, and ECO engaged in a series of conferences calls, research and on-site training to move forward in collaboration with our stakeholders.

As a result of stakeholder and TA input, the ECO Child Outcomes Summary Form (COSF) was selected to be used in development of the DC Part C system for measuring progress on child outcomes. Beginning May 1, 2007 the District implemented the COSF, ECO's procedures for using the form, and other ECO resources designed for this process. The District is collaborating with NECTAC and the ECO center to train DC Part C staff, service coordinators and service providers. The District received technical assistance training via teleconference in July 2007, August 2007, October 2007, and November 2007 on outcomes. NECTAC then provided on-site technical assistance to train staff, service coordinators and providers on the use of the COSF in December 2007. Trainings are scheduled to continue throughout 2008.

Targets will be set in 2010 as required by OSEP. Progress data reported in 2010 will be considered baseline data.

Current Approach

The District began identifying children for entry data collection in May 2007 and will collect data on all infants and toddlers who entered services (before 2 years, 6 months of age). The COSF will be completed at the initial IFSP meeting when possible. Data sources include: data from evaluations and assessments; observations and input of the IFSP team which includes the parent. Within ten days of collection, entry data was entered into the COSF to OSEP spreadsheet.

Approved evaluation tools include:

- o The Bayley Scales of Infant and Toddler Development
- o Brigance Inventory of Early Development of Infants
- o The Infant-Toddler Developmental Assessment
- o The Ounce Scale
- o Battelle Developmental Inventory
- o The Mullen Scales of Early Learning
- o The Preschool Language Scale – 4
- o The Peabody Development Motor Scales -2

All infants and toddlers who have had at least six (6) months of consecutive service and are exiting the system will have exit data collected. The exit data will be collected no more than 60 days prior to the child's exit from the program. Children usually exit the program for one of the following reasons: (a) the child completed IFSP requirements prior to the third birthday; (b) the child moves out of state; (c) the child is ready to transition at three years to Part B services. For children who unexpectedly exit Part C services, the District will utilize the most recent data available for the child to make the decision for completion of the COSF.

Approved Standardized and Standards Based Assessment Instruments

The Bayley Scales of Infant and Toddler Development

The Bayley Scales of Infant and Toddler Development is a norm-referenced test that can be used to identify deficits in young children in five areas of development: cognitive, language, motor, adaptive behavior, and social-emotional. The Bayley Scales of Infant and Toddler Development have been used extensively in developmental assessment and research over the past 50 years.

Brigance Inventory of Early Development of Infants

The Brigance Inventory of Early Development of Infants includes the Infant and Toddler screen, Early Preschool Screen-II, and the Brigance Comprehensive Inventory of Basic Skills-Revised (CIBS-R). The Brigance is a norm-referenced assessment.

Infant-Toddler Development Assessment (IDA)

The Infant-Toddler Developmental Assessment (IDA) was developed by Sally Provence, Joanna Erikson, Susan Vater, and Saro Palermi. *The IDA* is "a comprehensive, multidisciplinary, family-centered process designed to improve early identification of children birth to three years of age who are developmentally at risk." (Riverside Publishing Co.) *The IDA* is unique in that it addresses the complex interdependence of family, health, and social/emotional factors.

The Ounce Scale

"The Ounce Scale is an observational assessment for evaluating infants' and toddlers' development over a period of three and a half years – from Birth to 3 ½. Its purpose is twofold:

(1) to provide guidelines and standards for observing and interpreting young children’s growth and behavior, and (2) to provide information that parents and caregivers can use in everyday interactions with their children. (Pearson Early Learning) *The Ounce Scale* includes an observation record, the family album, and the developmental profile. *The Ounce Scale* is based upon standards of development. Its organization includes six parts: Personal Connections; Feelings About Self; Relationships With Other Children; Understanding and Communicating; Exploration and Problem Solving; and Movement and Coordination that are aligned with more traditional domains of social and emotional development, language development, cognitive development and physical development.

Battelle Developmental Inventory – 2

The Battelle Development Inventory consists of five (5) domains which include Adaptive (sub-domains – self-care and personal responsibility), Personal-Social (sub-domains - adult interaction, self-concept, social role), Communication (sub-domains – receptive and expressive communication), Motor (sub-domains – gross motor, fine motor, perceptual motor), and Cognitive (sub-domains – attention and memory, reasoning and academic skills, perception and concepts).

Mullen Scales of Early Learning

The Mullen Scales of Early Learning provide a “developmentally integrated system that assesses language, motor, and perceptual abilities.” The five scales are in the areas of gross motor, visual reception, fine motor, expressive language, and receptive language. Its purpose is to assess children’s abilities and needs, and identify areas for interventions. It is used for children from birth to 68 months of life and is a normed instrument.

Preschool Language Assessment – 4 (PLS-4)

The PLS-4 assesses the receptive and expressive language of children from birth to age six. It is a normed referenced assessment that provides suggested accommodations for special populations. The assessment is also available in a Spanish language version.

Peabody Development Motor Scales – PDMS -2

The PDMS-2 is a normed referenced assessment developed by M. Rhonda Folio and Rebecca R. Fewell. It is published by Pro-Ed. It tests the motor skills of children from birth to five years of age. There are six subtests in the following areas: reflexes, stationary; locomotion; object manipulation, grasping, and visual-motor integration.

Quality Assurance and Monitoring Procedures to Ensure the Accuracy and Completeness of the Outcome Data

The monitoring system will include a component to ensure that the outcomes for a child are documented and collected according to the schedule laid out below (See STATUS and BASELINE assessment discussion.)

DC EIP, along with the Interagency Coordinating Council's advice, as needed, will determine whether to use a sampling procedure over the long term with data collection. Thus, the policies that will be made to ensure the accuracy and completeness of outcome data will possibly include plans to ensure standardization of data.

Data System Elements for Outcome Data Input and Maintenance and Outcome Data Analysis Functions

Sampling may be employed if a plan is presented that shows that the results will be reliable and valid.

The Part C Office will work to develop the data infrastructure that will enable data collection to proceed electronically rather than being dependent upon manual calculation and allow for retrieval of demographic, outcome, and service delivery information in order to carry out a sample outcome collection plan. However, since data collection will have to occur before all the changes to the data system can be made, the child outcomes work will go forward with more rudimentary methods for the time being. DC EIP has been field testing a simple Excel based data collection process. Longitudinal data for individual children will be collected by the eligibility evaluation sites and the dedicated service coordinators and entered into the Excel data base by the ID# assigned to that child by DC EIP. That data could then be put into an SPSS database and analyzed according to specific questions.

Baseline Data for FFY 2008 (2008-2009):

Progress Data for Infants and Toddlers Exiting 2008-2009

Measurement:		
A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	2	3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	14	20%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	32	46%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	16	23%

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	6	9%
Total	70	100%
B. Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	1	1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	17	24%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	27	39%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	18	26%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	7	10%
Total	70	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	12	17%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	27	39%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	21	30%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	10	14%
Total	70	100%

Baseline Data for Infants and Toddlers Exiting 2008-2009:

SUMMARY STATEMENTS	
Outcome A: Positive social-emotional skills (including social relationships)	% of children
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	75%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	31%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	% of children
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	71%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	36%
Outcome C: Use of appropriate behaviors to meet their needs	% of children
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	80%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	44%

Discussion of Baseline Data:

Calculations within each outcome category are made independently; therefore, total percentages do not equate to 100, as a child may appear in both categories dependent upon the amount of demonstrated progress.

Outcome A:

Summary Statement 1: 75% $[48 (32+16) / 64 (2+14+32+16)] * 100$

Summary Statement 2: 31% $[22 (16+6) / 70 (2+14+32+16+6)] * 100$

Outcome B:

Summary Statement 1: 71% $[45 (27+18) / 63 (1+17+27+18)] * 100$

Summary Statement 2: 36% $[25 (18+7) / 70 (1+17+27+18+7)] * 100$

Outcome C:

Summary Statement 1: $80\% [48 (27+21) / 60 (0+12+27+21)] * 100$

Summary Statement 2: $44\% [31 (21+10) / 70 (0+12+27+21+10)] * 100$

DC EIP utilized assistance from NECTAC and the Early Childhood Outcomes (ECO) Center to redesign our child outcomes measurement system. The District utilized the Child Outcomes Summary Form (COSF) and ECO's procedures for using the form to collect data for this indicator; the data were recorded in the COSF to OSEP Categories Calculator.

The District began collecting entry data on eligible children in May 2007. From that date, data on all infants and toddlers who entered DC EIP (before 2 years, 6 months of age) have been collected. The entry COSF is completed at the initial IFSP meetings. Data sources include: data from evaluations and assessments; observations; and input of the IFSP team, which includes the parent. Within ten days of collection, entry data are entered into the ECO calculator spreadsheet.

The exit data were collected no more than 60 days prior to the child's exit from the program. Children usually exit the program for one of the following reasons: (a) the child completed IFSP requirements prior to the third birthday; (b) the child moved out of state; or (c) the child was ready to transition at three years to Part B services. For children who unexpectedly exited Part C services, the District utilized the most recent data available for the child to complete the COSF.

Data were collected on all children who were served for at least six months. Child outcomes exit data were collected on 70 children for FFY 2008. This represents 30.4% of all children who exited the program. Entry data was not available for the majority of children who exited the program in FFY 2008, as they entered prior to the date that the COSF was implemented.

MEASURABLE AND RIGOROUS TARGET Infants and Toddlers Exiting in FFY 2009 (2009-10) and FFY 2010 (2010-2011) and Reported in Feb 2011 and Feb 2012		
Summary Statements		
Outcome A: Positive social-emotional skills (including social relationships)	FFY 2009 % of children	FFY 2010 % of children
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	75.0%	75.0%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	31.4%	31.4%

Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	FFY 2009 % of children	FFY 2010 % of children
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	71.4%	71.4%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	35.7%	35.7%
Outcome C: Use of appropriate behaviors to meet their needs	FFY 2009 % of children	FFY 2010 % of children
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	80.0%	80.0%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	44.3%	44.3%

Improvement Activities/Timelines/Resources:

	Improvement Activities	Timeline/Resources	Status
1.	Implement the COSF for measuring child outcomes.	January 2008 – Feb 2010	Completed – The District began using the COSF on May 1, 2007.
2.	Collaborate with OSSE Special Education 619 Part B Coordinator, to align policies, procedures and practices for measuring child outcomes to ensure a smooth transition from Part C to Part B.	June 2008 – February 2010 District Part C, OSSE, Mid South, NECTAC, ECO	FFY 2008: Collaborated with DCPS Early Stages and the Part B 619 Coordinator to align OSSE and DCPS policies and procedures for child outcomes.
3.	Narrow the selection of approved evaluation tools.	June 2008 DC Part C, ECO, NECTAC, OSSE	Completed – The Battelle Developmental Inventory is the primary assessment tool for the District. Part C and Part B staff have been trained in the use of this

	Improvement Activities	Timeline/Resources	Status
			tool, as well as the administration of the COSF.
4.	Technical assistance/training and professional development for service coordinators and evaluation providers on use of the COSF.	Effective April 2008, this activity will be ongoing for FFY 2008-2010 NECTAC; ECO; CSPD; DC Part C Staff, service providers	FFY 2008: DC EIP provided training and TA to service coordinators, evaluation providers, and direct service providers on a monthly basis. ECO and NECTAC provided training in February 2009.
5.	Develop policies and procedures on measuring outcomes (data collection for entry and exit) to improve systems administration and monitoring.	April 1, 2008 – Feb. 2010 NECTAC; ECO; Mid South; DC Part C Staff, contractors, sub-grantees	Completed – Policies and Procedures have been developed and implemented.
6.	Train DC Part C staff in procedures for reviewing completed COSFs to identify the need for additional training and TA.	July 2008 – Feb. 2010 NECTAC; ECO; Mid South; DC Part C Staff, contractors, sub-grantees	FFY 2008: DC Part C staff have been trained and has identified areas where additional technical assistance and training was needed. Ongoing guidance is provided at monthly meeting with service coordinators and providers.
7.	Incorporate monitoring improvement activities from Indicator C9.	February 2008 – 2010 NECTAC; ECO; Mid South; DC Part C Staff; OSSE Office of the Chief Information Officer	FFY 2008: Service Coordinators have been trained to make bi-monthly contact with parents to discuss outcomes.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a) (3) (A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

The family outcomes data collected from August 2007 to January 2008 provided a NEW baseline for setting NEW targets for this indicator. Prior to June of 2007, the District utilized the NCSEAM Survey and contracted with the Center for Applied Research and Urban Policy (CARUP) at the University of District of Columbia to administer and manage the survey process. Because the District is so small, the Part C Office is fortunate to have familiar relationships with eligible families that will serve the purpose of improving the participation rate.

The District engaged the input of stakeholders and families and subsequently revised its data collection approach based on the feedback. Based on stakeholder input and consultation from NECTAC and ECO, the District revised the family outcomes measurement system submitted in February 2007. The District also accessed the website for NECTAC to explore how other states are measuring outcomes and the ECO website for instructions for utilizing the COSF. Results from the 2006 survey were presented to families at the January 2007 ICC meeting. At that time, families were asked to provide feedback on the survey process. Families indicated that they

wanted (1) a survey that is short and to the point; (2) a survey provided in the language that the family speaks; (3) to be able to return the survey via mail or send it to the program with their child; and (4) a paper survey although a phone interview would be okay if it was short and to the point.

Based on this feedback, the District and its stakeholders developed a survey using questions from the ECO Family Outcomes Survey made available in Spanish and English. All surveys are anonymous and families are notified that their participation is voluntary. The District and its stakeholders are confident that the survey meets the needs and preferences of Part C families. A copy of the survey is attached.

The Part C Office convened a focus group on November 5, 2005, to gather input from families regarding the outcome measures that OSEP has selected for the SPP. The consensus was that these outcomes are meaningful to families and several of the parents and guardians at the meeting volunteered to join our new Early Intervention Ambassador Council to help DC EIP promote positive outcomes for families. The Ambassador Council will work with The Part C Office to:

- Highlight the accomplishments of the children and families in the early intervention system;
- Create parent-to-parent networks for early intervention families;
- Help plan and carry out activities that support families who are caring for young children with disabilities; and
- Provide early intervention information and training to help other parents meet the special needs of their child(ren);

Parent “Ambassadors” will assist with and participate in many different activities including: the ICC, IFSP and Service Coordination Training, Family Orientation, Provider Orientation, Advocacy and Mediation training, special events such as “Family Fun Day” and the “Getting to Know You Luncheon”, Transition training for families and providers, and other activities they decide on.

Families and service providers will assist us with the collection of family outcomes data. With assistance from our CSPD sub-grantee, we have developed a user-friendly family outcomes survey that is designed to gather data to respond to the three outcomes in the SPP family outcomes indicator. This is the instrument that we plan to use to collect data from the families in our system. The new grant agreement that direct service providers are signing this fall (2005) requires that they survey the families they serve at least twice a year using the instrument designed by DC EIP.

Through an Interagency Memorandum of Understanding, the Center for Applied Research and Urban Policy (CARUP), at the University of the District of Columbia, will carry out a second citywide survey of Part C Families. The first survey took place in 2004 and was reported on in DC EIP’s FY 2003 APR. Unfortunately, the first survey did not ask questions that would yield

the data called for in this SPP indicator. The next CARUP/UDC survey will incorporate sample questions provided by NCSEAM (National Center on Special Education Accountability Monitoring) to assist states with collecting this data.

Actual Baseline Data for FFY 2006:

- 4A) 88% (102/116*100) report that early intervention services have helped the family know their rights
- 4B) 85% (98/116*100) report that early intervention services have helped the family effectively communicate their infants and toddlers' needs
- 4C) 78% (91/116*100) report that early intervention services have helped the family help their infants and toddlers develop and learn

Discussion of Baseline Data:

Data were gathered after using the new DC EIP Family Outcomes Survey. Four hundred surveys (400) were distributed by service coordinators to families who participated in the program for six (6) months or more. Of the 400 surveys distributed, one hundred (100) were disseminated in Spanish. Arrangements were made for the survey to be translated into other languages upon request, but no requests were received. Families returned 116 (29%) surveys and the District is confident that the data is valid and reliable since all aspects of data collection for this indicator were carried out in this office. The family survey response rate for FFY 2006-2007 data is representative of the diverse population served by the District.

Improvement Activities/Timelines/Resources:

	IMPROVEMENT ACTIVITIES	TIMELINES / RESOURCES	STATUS
1.	DC EIP will develop and implement strategies to address program needs identified through analysis of the family outcomes survey.	Ongoing, through FFY 2010	FFY 2008: This activity was delayed as the Program's initial focus was to improve the response rate to ensure meaningful data collection. Initial analysis of survey results began during FFY 2009 to identify and address program needs and areas for improvement.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

Over the past few years, DC EIP has significantly increased the number and percentage of children birth to one being identified through the Child Find system and being determined eligible for services. The increase in identification of children birth to one (1) is the result of several activities. The Child Find Coordinator continued to conduct quarterly meetings with all child find sub-grantees that emphasized the importance of early identification and reviewed each vendor's progress towards meeting child find targets. DC EIP re-established a working relationship with the Pediatric Clinic at George Washington Hospital to identify and refer children to Part C services. The Supervisory Transition Coordinator continued to meet regularly with the Part C evaluation sites re-emphasizing automatic eligibility of infants with conditions known to result in delay. An extensive child find mailing was sent out each year to physicians and clinics in the District. DC EIP launched a major media campaign for child find that included TV & Radio commercials, newspaper articles and community presentations. In addition, DC Child Find conducted an advertising campaign on the city's Metro mass transit system that ran from May through December 2005. Information was posted on buses and trains as well as kiosks and dioramas at several bus stops and metro train stations. DC EIP also established a referral protocol with the District's Child and Family Services Agency (CFSA).

The District of Columbia has a comprehensive Child Find System known as *DC Child Find* that is designed to locate, identify, refer and evaluate infants, toddlers, preschool and school-age children who may be eligible for Part C early intervention and Part B special education services. This system is coordinated with other public and private agencies to locate and identify infants and toddlers with developmental delays, known disabilities or special health care needs.

Components of the system include:

- Collaboration with the District of Columbia Public Schools (DCPS) for Child Find outreach activities.
- Linkages with Child Find sub-grantees to ensure adherence to Part C eligibility and referral regulations and procedures.
- Maintaining relationships with DC Department of Health, Community Health Administration (formerly Maternal and Primary Care Administration [2006-2007] and Maternal and Family Health Administration [prior to 2006]) and with the Newborn Hearing Screening, Metabolic Screenings and Birth Defects Registry.
- Collaborative partnerships through an Early Childhood Comprehensive Systems Steering Committee, with the Community Health Administration and with the District Child and Family Services Agency (CFSA), DCPS and ECEA.
- A newly implemented management information system to capture relevant data.

Baseline Data for FFY 2004 (2004-2005):

Infants and Toddlers, birth to one with IFSPs as percentage of the birth to one (1) population on Dec 1 2004: 43 = .6% of 0-1 population (*source: District of Columbia 618 Data report using 7,000 birth rate for December 1, 2004*).

Percent of Infants/Toddlers Birth - One Compared with Other States and US (618 data)

District of Columbia	Arizona	Missouri	Alaska	United States Average
.63	.53	.55	.80	1.03

Discussion of Baseline Data:

From 2003 to 2004 the number of children with IFSPs under the age of one in the District of Columbia's Part C Program went from 24 to 43, from 9% of total caseload to 15% of total caseload. As a percentage of the total birth to one population in the District, the percentage went from .35 percent to .63. The 2004 figure is comparable to the three states that have the same eligibility definition as the District of Columbia—Alaska (.80), Arizona (.53) and Missouri (.55). The District of Columbia is ahead of Arizona and Missouri and behind Alaska. The national average for this figure is 1.03%.

The birth to one (1) caseload grew by 79% from 2003 to 2004, from 24 to 43. As a percentage of the birth to one population the caseload went from .3% to .6%. The reason for this growth is explained in the overview. It is expected that this growth will continue as indicated by the targets that have been established.

The District ranks 2nd among programs with similar narrow eligibility definitions and 48th nationally. The District's eligibility definition is 50% delay in one or more areas. Arizona is the only state that has an equivalent eligibility definition of 50% delay. Only four (4) other states use a definition requiring 50% delay in one area, but these states broaden the definition to permit eligibility with a 25% delay in two (2) or more areas.

<i>State and National Comparisons</i>		
<i>State</i>	<i>Number Children Served</i>	<i>Percentage</i>
Arizona	588	0.60
District of Columbia	45	.059
Montana	112	0.96
Nevada	255	0.67
North Dakota	159	1.92
Oklahoma	661	1.26
Summary- 50 States & District of Columbia	43,048	1.04

The District needs to analyze the significance of the report findings on the numbers of children served in DC Part C given our narrow eligibility criterion of 50% delay in one or more areas. The District's health indicators must certainly influence the number of children eligible for Part C in the District. Specifically, DC KIDS COUNT reports:

- Mothers who received adequate prenatal care continued to slip in 2004, while the percentage of those receiving inadequate care nearly doubled
- Infant mortality increased in 2004 after declining in the previous year; deaths to infants under age 1 increased
- Deaths to children and teenagers rose in 2004; 50% increase in deaths to children age 1 to 14 years
- Revised population estimates demonstrate that the District's population is growing and the number of children increased for the 2nd straight year; the largest number of births in seven (7) years
- One out of three children in the District lives in poverty with more than one-third of African-American children living in poverty
- The number of families who were eligible for TANF, Medicaid/SCHIP (State Children's Health Insurance Program), and/or food stamps decreased while the number of families accessing subsidized child care increased suggesting that families are "working" poor

- Homelessness in the District increased for the 5th consecutive year
- Cases of child neglect increased in 2005

FFY	Measurable and Rigorous Target
2005 (2005-2006)	.8% of birth to one population (.008 x 7000 = 56)
2006 (2006-2007)	1% of birth to one population (.01 x 7000 = 70)
2007 (2007-2008)	1.2% of birth to one population (.012 x 7000 = 84)
2008 (2008-2009)	1.3% of birth to one population (.013 x 7000 = 91)
2009 (2009-2010)	1.4% of birth to one population (.014 x 7000 = 98)
2010 (2010-2011)	1.5% of birth to one population (.015 x 7000 = 105)

Improvement Activities/Timelines/Resources:

	Improvement Activities	Timelines/Resources	Status
1.	Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.	Ongoing throughout 2005 – 2010 DC EIP, OSSE, DCPS, and Charter Schools	FFY 2008: Regular meetings were held with DCPS to coordinate Child Find and transition activities. DC EIP participated in COSF training offered by OSSE, in collaboration with NECTAC, to DCPS personnel in May 2009.

	Improvement Activities	Timelines/Resources	Status
2.	Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration (formerly Maternal and Primary Care Administration's (MPCA)) screening programs for Newborn Hearing and Metabolic Disorders, and the DC Birth Defects Registry	Ongoing throughout 2005 - 2010; DC EIP and MPCA staff	<p>FFY 2008:</p> <p>DC EIP partnered with the DOH and the Department of Health Care Finance (DHCF)'s project, "Assuring Better Child Health and Development Screening", to train all primary referral sources.</p> <p>The Ages and Stages Questionnaire 2 (ASQ2) and Ages and Stages - Social Emotional Questionnaire (ASQ-SE) were selected to be used as a universal screening form in the District of Columbia across Part C and B programs to create a universal referral and monitoring system.</p> <p>In FFY 2009, ITTD established and filled the position of a dedicated Part C Child Find Coordinator.</p> <p>The Child Find Coordinator has begun engaging in targeted, personalized outreach to hospitals to develop the key relationships necessary for improved referral rates.</p>
3.	Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within OSSE Early	Ongoing throughout 2005 – 2010; DC EIP staff	<p>FFY 2008:</p> <p>DC EIP representatives participate on:</p> <ul style="list-style-type: none"> - Children with Special Health Care Needs Advisory Board; - Early Childhood Comprehensive Systems

	Improvement Activities	Timelines/Resources	Status
	Childhood Education (ECE) (formerly Early Care and Education Administration).		Steering Committee (DOH); and - DC HEARS (Universal Newborn Hearing Screening Program) Advisory Committee. In addition, DC EIP meets monthly with CFSA and the Child Care Services Division within OSSE ECE.
4.	Provide targeted outreach in Wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities.	January 2008 – 2010	FY 2008: In FFY 2008, DC EIP entered into a partnership with a community organization in Ward 8 to increase community awareness of early intervention services there. The Part C Coordinator visited Early Head Start programs and several large child care centers in Ward 8 (an area of the city with low socioeconomic status) with outreach and referral information.
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances)	FFY 2007-2010	FY 2008: All Part C public awareness materials were made available online at the OSSE website. Work began on a new public awareness campaign in summer 2009. It will include translated documents, flyers and brochures.

	Improvement Activities	Timelines/Resources	Status
6.	Utilize the Human Care Agreement and Request of Application provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.	FFY 2008-2010: DC EIP Part C coordinator and Staff, DC OCP and OSSE Grants and Management Office.	FY 2008: The review and selection process for the first round of Human Care Agreements was satisfied during the reporting period.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

The District of Columbia has developed and implemented a comprehensive Child Find System known as “DC Child Find” that is designed to locate, identify, refer and evaluate infants, toddlers, preschool and school-age children who are eligible for Part C early intervention and Part B special education services. This system is coordinated with other major efforts including public and private agencies to locate and identify children with delays in their development, known disabilities or special health care needs.

Child Find information is distributed throughout the community through contracts with private agencies; memoranda of agreement with other public agencies that serve children and families; mailings to physicians; presentations to community groups; trainings with health professionals and other groups; media advertisement (i.e. radio, TV, newsprint & metro bus postings) and material availability in public and private clinics; public service waiting areas; community businesses, recreation centers and supermarkets.

Children are identified through primary referral sources such as hospital nurseries and clinics, physicians, child care centers, homeless shelters, parents, teachers, therapists, and other government agencies and programs such as the Maternal and Family Health Administration (i.e. New Born Hearing Screening, Birth Defects, Metabolic Screening and Healthy Start); Medicaid Managed Care Organizations; Early Head Start Programs; Child and Family Services Agency (i.e. substance exposed and abused/neglected children) and the DC Public Schools System.

The Child Find process consists of the following:

- Step 1 - An initial screening for identification (optional)
- Step 2 - Referral to the Part C intake
- Step 3 - Referral for eligibility determination after parental consent

- Step 4 - Prior written notice and initial IFSP development
-

For this indicator, the District ranks 2nd when compared to states with narrow eligibility definitions and 45th nationally. The District's eligibility definition is 50% delay in one or more areas. Arizona is the only state that has an equivalent eligibility definition of 50% delay. Only four (4) other states use a definition requiring 50% delay in one area, but these states broaden the definition to permit eligibility with a 25% delay in two or more areas.

State and National Comparison with States with Similar Eligibility Definitions		
State	Number served	Percentage
Arizona	5,299	1.81
District of Columbia	308	1.40
Montana	679	1.94
Nevada	1,520	1.36
North Dakota	757	3.11
Oklahoma	3,043	1.97
50 States and DC	299,848	2.43

All vendors who subcontract with the DC EIP are required to carry out public awareness and child find activities as part of their grant agreement. In addition, DC EIP subcontracts with several agencies and hospitals to work exclusively on public awareness and child find. The overview discussion of Indicator # 9 – General Supervision, describes the system for monitoring child find activities.

While the Part C Office has conducted several activities to increase the number of children and families who access Part C services, translation of public awareness materials into languages other than Spanish still poses some challenges. The DC EIP child find materials are among the many items awaiting re-translation after the rejection of the translations produced by the District's Office of Human Rights. However, there are now informational fliers available in Amharic and Vietnamese and these are distributed by DC EIP sub-grantees that perform child find activities throughout the Asian and Ethiopian communities.

Baseline Data for FFY 2004 (2004-2005):

December 1, 2004 - 294 children reported with IFSPs or 1.4% of the birth-to-three (3) population ($.014 \times 21000 = 294$)

December 1, 2003 - 247 children reported with IFSPs or 1.18% of the birth-to-three (3) population ($.0118 \times 21000 = 247.8$)

Percent of Infants/Toddlers birth - three compared with other states and US (618 data)

District of Columbia	Arizona	Missouri	Alaska	United States Average
1.4	1.36	1.33	2.12	2.24

Discussion of Baseline Data:

The December 1st child count grew 19 percent from 2003 to 2004, from 247 children to 294; and went from 1.18% to 1.4% of the birth-to-three (3) population. The 2004 figure is comparable to the three states that have the same eligibility definition as the District of Columbia—Alaska (.80), Arizona (.53) and Missouri (.55). The District of Columbia is ahead of Arizona and Missouri and behind Alaska. The national average for this measure is 2.24%.

To determine rigorous targets for the next six (6) years DC EIP has taken into account two (2) critical factors: (1) the increase in the number of children being identified through the Department of Health's various high-risk newborn screening programs (e.g. hearing, metabolic and genetic, and birth defects registry); and (2) the effect that the increase in referrals from the Child Protective Services Division of the Child and Family Services Agency will have on the Part C Program. Based on the estimates coming in from those sources DC EIP will work towards meeting a target of 3% of the District of Columbia birth to three population or approximately 630 children by 2010-2011.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.6% of the birth to three population (.016 x 21000 = 336)
2006 (2006-2007)	1.8% of the birth to three population (.018 x 21000 = 378)
2007 (2007-2008)	2% of the birth to three population (.02 x 21000 = 420)
2008 (2008-2009)	2.25% of the birth to three population (.0225 x 21000 = 472)
2009 (2009-2010)	2.5% of the birth to three population (.025 x 21000 = 525)

2010 (2010-2011)	3% of the birth to three population (.03 x 21000 = 630)
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Improvement Activities/Timelines/Resources:

	Improvement Activities	Timelines/Resources	Status
1.	Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.	Ongoing throughout 2005 – 2010 DC EIP, OSSE, DCPS, and Charter Schools	FFY 2008: Regular meetings were held with DCPS to coordinate Child Find and transition activities. DC EIP participated in COSF training offered by OSSE to DCPS personnel in May 2009.
2.	Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration screening programs for Newborn Hearing and Metabolic Disorders, and the DC Birth Defects Registry	Ongoing throughout 2005 - 2010; DC EIP and MPCA staff	FFY 2008: DC EIP partnered with DOH and DHCF's project, "Assuring Better Child Health and Development Screening", to train all primary referral sources. The Ages and Stages Questionnaire 2 (ASQ2) and Ages and Stages - Social Emotional Questionnaire (ASQ-SE) were selected to be used as a universal screening form in the District of Columbia across C and B programs to create a universal referral and monitoring system. In FFY 2009, ITTD established and filled the position of a dedicated Part C Child Find Coordinator. The Child Find Coordinator has begun engaging in targeted, personalized

	Improvement Activities	Timelines/Resources	Status
			outreach to hospitals, to develop the key relationships necessary for improved referral rates.
3.	Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within ECE.	Ongoing throughout 2005 – 2010; DC EIP staff	FFY 2008: DC EIP representatives participate on: - Children with Special Health Care Needs Advisory Board; - Early Childhood Comprehensive Systems Steering Committee (DOH); and - DC HEARS (Universal Newborn Hearing Screening Program) Advisory Committee. In addition, DC EIP meets monthly with CFSA and the Child Care Services Division within ECE.

	Improvement Activities	Timelines/Resources	Status
4.	Provide targeted outreach in Wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities.	January 2008 – 2010	FY 2008: In FFY 2008, DC EIP entered into a partnership with a community organization in Ward 8, to increase community awareness of early intervention services there. The Part C Coordinator visited Early Head Start programs and several large child care centers in Ward 8 (an area of the city with low socioeconomic status) with outreach and referral information.
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances)	FFY 2007-2010	FY 2008: All Part C public awareness materials were made available online at the OSSE website. Work began on a new public awareness campaign in summer 2009. It will include translated documents, flyers and brochures.
6.	Utilize the Human Care Agreement and Request of Application provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.	FFY 2008-2010: DC EIP Part C coordinator and Staff, DC OCP and OSSE Grants and Management Office.	FY 2008: The review and selection process for the first round of Human Care Agreements was satisfied during the reporting period.

	Improvement Activities	Timelines/Resources	Status
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances)	FFY 2007-2010	FY 2008: All Part C public awareness materials were made available online at the OSSE website. Work began on a new public awareness campaign in summer 2009. It will include translated documents, flyers and brochures.
6.	Utilize the Human Care Agreement and Request of Application provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.	FFY 2008-2010: DC EIP Part C coordinator and Staff, OCP and OSSE Grants and Management Office.	FY 2008: The review and selection process for the first round of Human Care Agreements was satisfied during the reporting period.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process: Please see overview of Child Find System in Indicator #6 and overview of General Supervision System in Indicator #9

Baseline Data for SPP:

Fiscal Year	2002	2003	2004
% Compliance	48%	75%	84%

DC EIP will use the data collected during fiscal year 2004 as the baseline data for this SPP.

Of total new/re-opened* cases, number found eligible	279
Of total found eligible, number timeline met for evaluation and/or IFSP development	235
Of total found eligible, number timeline not met for evaluation and/or IFSP development	44
Reasons timelines missed for children found eligible:	
• Child issues/Family non-compliance (unable to maintain contact for completion; missed appointments)	26
• Medicaid non-compliance (MCO lost referral; failed to	10

follow through or experienced difficulty with authorization for evaluation)	
<ul style="list-style-type: none"> • DC EIP contractor non-compliance • Part C office delay 	5 3

Discussion of Baseline Data:

Timely evaluation and initial IFSP is defined as within 45 days of the date of referral to DC Part C. Initial data for this indicator was gathered from the District's database, allowing for the matching of date of referral to date of parent signature/consent on the initial IFSP. A desk audit of the data was conducted to identify and correct any potential irregularities of the data, and to identify those children for whom evaluations and initial IFSP were not delivered in a timely fashion. The database is not yet capable of disaggregating documented reasons for delay so additional information was gathered from the child's record to confirm the documented reason that a service was not delivered timely. Data were gathered for all children with referral dates within the FFY.

DC EIP has demonstrated significant improvement in the area of compliance with regard to meeting the 45-day timeline for evaluation and IFSP development for eligible children.

OSEP findings in 2001 - 2002 indicated that DC EIP was not meeting the 45-day timeline for completion of the initial evaluation and IFSP development. DC EIP has demonstrated significant improvement in this area. Challenges remain in connection to oversight of providers who are not sub-grantees with DC EIP. Data reported in the FY 2002 APR indicated a compliance rate of 44% to 48% when random samples of IFSPs were reviewed by a consultant. Data submitted in the final report of the State Improvement Plan in June 2004, showed that the compliance rate increased to 75%. Data submitted in the FY 2003 APR, showed that the compliance rate increased to 84%.

For the APR submitted in March, 2005 rather than relying on random samples, DC EIP staff reviewed every single referral that came through the Part C office from October 1, 2003 – September 30, 2004, to monitor for compliance with the 45-day timeline. The 593 cases reviewed included brand new referrals and re-opened cases. Of the 593 children referred, 279 were found eligible. Two hundred and thirty-five (235) or 84% of those found eligible met the 45-day timeline for evaluation and completion of the initial IFSP. Forty-four (46%) were out of compliance.

As is demonstrated in the table above: 26 children missed the 45-day timeline because of delays caused by the family; 10 children missed the timeline because of delays caused by the Medicaid//Managed Care organization; five (5) missed the timeline because of service provider non-compliance and 3 because of delays in the Part C Office. All of these issues are addressed in the Improvement Activities below.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

	Improvement Activity	Timelines & Resources	Status
1.	Populate the management information system, once operational, to better track referrals.	Ongoing 2005-2010 DC EIP staff and consultants	Completed - MIS in use as of April 2008. In FFY 2009, DC EIP began using the Early Steps and Stages Database, a Quick Base application that has significantly improved the ability to produce reports and manage timelines. It also includes a module to for the Child Find Coordinator to track referrals.
2.	Provide technical assistance and training for families,	January 2008 – 2010	FFY 2008:

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	Improvement Activity	Timelines & Resources	Status
	evaluation contractors and sub-grantees regarding Part C requirements related to eligibility determination and the 45-day timeline.	Part C Coordinator and staff	Conducted monthly meetings throughout the year and completed training for all providers, in house staff and evaluation sites in February 2009.
3.	DC EIP is partnering with NCSEAM (now DAC), NECTAC, and MSRRC to analyze the current general supervision model. Based upon these findings, DC EIP general supervision system will be considered for redesign.	Ongoing 2007-2010 DC EIP, NECTAC, DAC, and MSRRC	FFY 2008: During this fiscal year, DC EIP began revising the general supervision system with assistance from TA. This work continues in FFY 2009 and is expected to continue throughout the remainder of the SPP.
4.	Collaborate with the DOH MAA (now Department of Health Care Finance) to improve interagency procedures to facilitate timely evaluations.	January 2008 – 2010 Part C Coordinator and staff; DOH MAA Administration and staff; MCO staff	FFY 2008: Monthly meetings continued in FFY 2008 and in FFY 2009, quarterly meetings with MCOs Chief Executive Officers began and a plan to utilize the same outside providers has been developed and is being implemented.
5.	Part C Coordinator will meet with staff to conduct ongoing reviews of state data for this indicator.	February 2008 – 2010 Part C Coordinator and staff	FFY 2008: Data were reviewed on an ongoing basis and meetings held as needed. In FFY 2009, a new database was established and bi-monthly meetings are occurring with staff and providers to track performance.
6.	Review to clarify, revise and streamline eligibility and	February 2008 – 2010	FFY 2008:

	Improvement Activity	Timelines & Resources	Status
	evaluations policies, procedures, forms and practices.	Part C Coordinator and staff; NECTAC and MSRRRC	This activity did not occur until FFY 2009. A draft manual for general policies has been completed and is being reviewed.
7.	Access technical assistance from NECTAC to improve 45-day timeline and explore what other states are doing.	April 2008 – 2010 Part C Coordinator and staff; NECTAC; MSRRRC	FFY 2008: Completed. TA meetings and calls with NECTAC were completed and trainings/ workshops for contractors were held in February 2009.
8.	Explore offering incentive to evaluation providers for consistently providing timely evaluations.	June 2008 – 2010 Part C Coordinator and staff; ECE; NECTAC	FFY 2008: Use of incentives has been explored and viable options are being reviewed.
9.	Temporarily suspend penalizing providers 1% of their invoice until clear internal policies and procedures are in place and consistent technical assistance can be provided to providers.	February 2008 – 2010 DC Part C office invoice reviewers	FFY 2008: This sanction is not currently being applied. The development of clear policies and procedures has occurred and ongoing technical assistance provision is being provided.
10.	Review existing monitoring policies and procedures for possible implementation while policies and procedures are under revision.	April 2008 – 2010 Part C Coordinator and staff	FFY 2008: Completed. In accordance with the OSSE CAP with OSEP, some new monitoring procedures are being implemented. This work began in FFY 2008 and continues in FFY 2009. Additional revisions are underway and will be implemented in FFY 2009

	Improvement Activity	Timelines & Resources	Status
			and FFY 2010.
11.	The Part C Coordinator will be actively engaged in meetings with evaluation providers for technical assistance and training on timely completion of 45-day timeline requirements.	March 2008 – 2010 Part C Coordinator and staff	FFY 2008: Completed. TA meetings with evaluation providers were completed and trainings for contractors were held monthly in FFY 2008.
12.	The Part C Office (DC EIP) will convene a task force to identify and address barriers to timely completion of the 45-day timeline requirements.	May 2008 – September 2008 Part C Coordinator and staff; MSRRRC; NECTAC; stakeholders	FFY 2008: Activity completed in September 2008.
13.	Consult with OSEP to clarify the definition of referral.	March 2008 Part C Coordinator, OSEP	FFY 2008: Completed. Interim Program Manager consulted with OSEP representative.
14.	Part C Coordinator will meet with staff to conduct weekly reviews of state data.	February 2008 – 2010	FFY 2008: Data were reviewed on an ongoing basis and meetings held as needed. In FFY 2009, a new database was established and bi-monthly meetings are occurring with staff and providers to track performance.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

The Part C Office and the DCPS have made significant strides in streamlining the transition process. DC EIP works closely with the Part B Early Childhood Division of DCPS and has specific liaisons assigned to each early intervention provider to assist with transition. A representative is invited and present at every transition conference. A new centralized registration center referred to as C.A.R.E., Central Assessment, Referral & Evaluation Center, has made it possible for DCPS to more quickly determine a child's Part B eligibility, complete an IEP and offer placement. Part C and Part B transition staff continue to: meet on a regular basis; share a tracking log system; co-train Part C providers and parents on a regular schedule; and share completion data on all Part C children.

Baseline Data

DC EIP will use baseline data from fiscal year 2003 (calendar years 2003-2004). A new baseline will be established once DC EIP completes its comprehensive audit ("child find validation review"). This review is being completed due to the absence of a working management

information system and the need to validate the number of children who participated in the DC EIP system during the previous fiscal year.

A. IFSPs with Transition Steps and Services

DC EIP demonstrated a compliance rate of 100% for including transition steps on the IFSP. DC EIP's data collected during FY 2004 (FY 2003 APR) reviewed the 163 transition conferences held to determine compliance with including transition steps on the IFSP Transition Plan. Of the 163 cases, 163 evidenced inclusion of the steps necessary to complete transition in the plan.

B. Notification to LEA if Child is Potentially Eligible for Part B

The DC EIP's 2003 APR identified 100% compliance with this requirement. All of the 279 children found eligible in the file review carried out during FY 2004 (please see table on p. 24) were reported electronically to the DCPS Preschool Special Education Division by DC EIP's Supervisory Transition Coordinator. The Part C Office is completing a case by case review of all children exiting the Part C System during FY 2005. The new figures will be submitted as baseline data with the FY 2005 APR in February, 2007.

C. Transition Conference, if Child Potentially Eligible for Part B

DC EIP must ensure that: the transition conference is held and an IFSP Transition Plan is developed for all Part C-eligible children at least 90 days before the third birthday; DCPS representatives are notified and invited to the conference; and the plan includes steps necessary to support transition.

The DC Part C Office's FY 2002 APR (corrected June 2004) evidenced:

- 85% compliance in completing an IFSP transition conference (139 conferences held for 162 children identified as transitioned out of Part C);
- 53% compliance for completing the IFSP transition conference on time (75 out of the 139 conferences held);
- 89% compliance for inviting Part B personnel (124 invitations for the 139 conferences held);

DC Part C Office's FY 2003 APR data evidenced:

- 100% compliance in completing an IFSP transition conference (163 conferences held for 163 children);
- 85% compliance in completing the conference on time (139 out of 163 conferences) (95.8% compliance is noted when parental non-compliance is factored out – 18 families contributed to the missed deadline);
- 98% compliance for inviting Part B personnel (161 invitations for 163 conferences held);

Within the last two (2) years, DC EIP has come close to 100% compliance for meeting the transition conference timeline when the family contribution to missed timelines is factored out.

Discussion of Baseline Data:

The DC Part C Office has made significant improvement in all three areas of Transition compliance. The baseline data submitted in this SPP is data based on comprehensive record reviews completed during FY 2004 (October 1, 2003 – September 30, 2004). As mentioned above, an internal audit of all children's records FY 2005 is still being completed. The Part C Office will submit revised baseline data for this indicator with the FY 2005 APR in February, 2007. There is every reason to believe that the DC EIP compliance rate in all three areas of Transition will continue to be close to 100%.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

DC Part C requires IFSP Transition conferences be held six (6) months before the child's third birthday to ensure adequate planning time. A follow-up meeting is required two (2) to three (3) months before the child's third birthday to ensure all tasks identified and assigned are completed. The dedicated service coordinator takes responsibility for ensuring that anyone identified as providing support to the child/family completes their tasks prior to the child's transition (exiting the Part C system).

Improvement Activities/Timelines/Resources:

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	Improvement Activity	Timelines & Resources	Status
1.	The Part C Transition team and Coordinator will work with the OSSE Office of Information Technology (OIT) to upgrade Part C's MIS to ensure the data reports necessary to effectively monitor transition timelines and report on compliance requirements are available.	2008-2010 Part C Coordinator and Transition team, MSRRC, DAC, NECTAC, OSSE and its OSSE OIT	FFY 2008: The new Early Steps and Stages Tracker implemented July 1, 2009 has made this activity unnecessary. This new database improves the DC EIP's ability to monitor transition timelines and report on compliance requirements.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to priority areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- a. # of findings of noncompliance made related to such areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- a. # of EIS programs in which noncompliance was identified through other mechanisms.
 - b. # of findings of noncompliance made.
 - c. # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The Part C Office uses the following instruments and procedures to identify and correct IDEA noncompliance as soon as possible but in no case later than one year from identification:

1. Signed Grant Agreements:

All vendors who are sub-grantees of DC EIP must sign a grant agreement that requires compliance with federal Part C and applicable District government regulations. DC EIP had the following number of providers with grant agreements during the reporting period:

Reporting Period	Number of direct service sub-grantees	Number of evaluation sub-grantees	Child Find sub-grantees
10/01/04 - 9/30/05	15	5	7

2. Sub-Grantee Monitoring: Self-Assessments, Site Visits, Exit Reports, Corrective Action Plans and Verification Visits:

All sub-grantees are monitored for compliance with Part C requirements through a process that entails self-assessment, on-site visit, exit report, corrective action plan and verification visit. The monitoring cycle of the 27 sub-grantees referred to above was completed by April, 2005. The results of the monitoring are presented below as baseline data and explained in the "Discussion of Baseline Data." *Early Intervention service providers who receive no funding from the District of Columbia Part C Office are also monitored for compliance with Part C requirements.*

3. Other Instruments and Procedures That Help DC EIP Identify and Correct Noncompliance:***Bi-monthly Phone Calls to Families***

Early Intervention (EI) Specialists make bi-monthly telephone calls to all families with children currently in the Part C system. These calls allow the EI Specialist to connect directly with the family, check on the status of early intervention services and assess the family's satisfaction with those services.

Quarterly Meetings with Sub-Grantees

EI staff meet with child find, evaluation and direct service providers at least quarterly and sometimes more frequently to up-date sub-grantees on Part C requirements and DC EIP policies and procedures.

Desk Audits

EI staff also perform desk audits of sub-grantees' monthly reports and invoices to monitor adherence to performance measures and other terms of their grant agreements and to ensure compliance with Part C requirements. Funds are disbursed on a monthly basis upon receipt of an invoice that must be accompanied by a written report documenting activities and expenses. Invoices for direct service sub-grantees are cross-checked with service verification logs that have been signed off by families. Payments are disallowed when non-compliance or non-performance is identified through a desk audit. If problems persist, the grantee will be notified of the appropriate action in writing, which may include termination of the grant agreement, reduction of the grant amount, or non-renewal of the grant agreement.

Grant Evaluation Questionnaires

EI staff complete detailed grant evaluation questionnaires prior to renewal of all grant agreements. DC EIP terminated one (1) sub-grantee after several failed attempts to bring the eligibility evaluation process into compliance with timeline adherence as well as report content.

Monitoring Reports from ECEAs Program Development Office

The Program Development Office (PDO, formerly the Program Development Division), is a division of the Early Care and Education Administration (ECEA). The PDO's Monitoring Unit monitors more than 300 licensed child care centers and family child care homes in the DHS' Child Care Subsidy Program for compliance with child development facilities licensing regulations and terms and conditions of the DHS' subsidy provider agreement. All five (5) early intervention center-based vendors participate in the subsidy program. They provide services to all enrolled Part C-eligible children as well as typically developing children. Each year, DC EIP obtains and reviews PDO reports on monitoring visits for these five (5) centers.

DC Part C Office Policy Manual and Provider Orientation

A detailed DC Early Intervention Program Manual with policies, procedures and other information is updated annually. It is used as a training tool at a provider orientation held each year to promote compliance with Part C rules and regulations.

4. Complaint Resolution through Mediation and Internal Negotiation

To ensure compliance with Part C and to guarantee families' access to mediation services OSSE has adopted the Part B hearing procedures for Part C, including the use of the mediation system. Upon receipt of a request for mediation, prior to filing of a due process complaint, the Student Hearing Office appoints a mediator.

Baseline Data for FFY 2004 (2004-2005):

Twenty-seven (27) sub-grantees completed the monitoring cycle for 2004-05. By December 30, 2004, all Direct Service, Child Find and Evaluation sub-grantees had completed the self-assessment and received a site visit. Exit reports were issued to 14 direct service and six (6) child find sub-grantees. The five (5) evaluation sub-grantees received their exit reports during the first two weeks of February, 2005. All of the Child Find and Evaluation sub-grantees had at least one (1) citation of noncompliance. Eleven (11) of the 15 Direct Service providers had one or more citations. All providers had submitted Corrective Action Plans (CAPs) by March 15, 2005. The dates of verification visits and sign-off on the CAPs varied from provider to provider as shown in the table below.

Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
Direct Service #1	2-22-05	Failure to inform families of procedural safeguards	Evidence of staff training and correction of procedures	Staff attended Foundation Training; observed in IFSP meeting; now 100% in compliance	N/A
Direct Service #2	12-15-04	10 out of 46 records without IFSPs; 15 of 36 with IFSPs lack evidence of periodic review; 31 of 46 no evidence transition conference	Update files;- schedule IFSP meetings ; schedule transition conferences; send IFSPs and trans plans to DC EIP; Participate in Service Coordinator Certification (SC Cert)	Provider missed DC EIP deadline for compliance but has until 12-15-05 to comply with OSEPs one year deadline	Provider has large caseload. DC EIP has TA agreement with agency to help it come into compliance by December 15, 2005.
Direct Service #3	1-20-05	5 of 30 IFSPs no measurable	Re-do 5 IFSPs; update files for PRN documents;	5 IFSPs were reviewed and corrected;	

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Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
		outcomes; 11 of 30 files no evidence prior written notice (PRN)	participate in SC Cert	Provider showed evidence of PRN for all 11 files; completed SC Certification	
Direct Service #4	No CAP required	No complaint log or other mechanism for recording complaints	Develop complaint log or similar mechanism	Complaint log was developed	
Direct Service #5	5-07-04	Provider not evaluating EI therapy sub-contractors; PRN missing in some files.	Develop evaluation system; give DC EIP credentials & evaluation reports; update files for PRN; participate in SC Cert	All non-compliance was corrected and provider completed SC Certification	
Direct Service # 6	2-01-05	22 out of 24 periodic IFSPs failed to document measurable change related to outcomes; no complaint log	Review and correct IFSPs; Develop Complaint Log.	Provider completed reviews and complaint log on 2-28-05	
Direct Service #7	8-28-04	IFSPs not updated; progress towards outcomes not noted; PRN evidence missing from files; transition conferences late	Review IFSPs, update outcomes, check parental consent, schedule transition conferences	All non-compliance was corrected by 3-04-05	
Direct	12-13-	14 of 18 IFSPs	Schedule reviews	All non-	

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Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
Service # 8	04	overdue for periodic review; 18 of 18 IFSPs did not address outcomes; PRN missing in 4 of 18 files; no complaint log; staff licensing & training credentials missing	for 14 IFSPs; address measurable outcomes for 18 IFSPs; update PRN in 4 files; develop complaint log; update staff credentials; participate in SC Cert	compliance was corrected by 2-03-05.	
Direct Service # 9	1-15-05	5 of 16 IFSPs did not contain measurable outcomes; 6 of 16 files had no evidence of PRN	Reconvene IFSPs to write measurable outcomes; update files re PRN; participate in SC Cert	All non compliance was corrected by 2-18-05 Provider completed SC. Certification	
Direct Service #10	CAP not required	Files of EI personnel lacked current licenses and other evidence of qualifications	Submit all documentation to DC EIP; keep files up to date;	All non Compliance was corrected by 2-23-05.	
Direct Service #11	10-28-04	11 out of 20 IFSPs reviewed lacked measurable outcome statements	Reconvene IFSP mtgs to develop outcomes statements; participate in SC Cert	All non compliance was corrected by 4-29-05; completed SC Certification	
Eligibility Evaluation #1	3/25/05	2 out of 20 cases missed 45-day timeline; 1	Participate in SC Cert; Use checklist to ensure IFSP document	Continues to be inconsistent	Deadline is March 2006 Compliance

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Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
		out of 20 did not have vision results; 10 out of 20 IFSPs missing required content	compliance	Update: Corrected 1/07	Met 1/2007
Eligibility Evaluation #2	3/14/05	Failure to provide rights; 4 out of 15 referrals missed 45-day timeline; 9 out of 12 IFSPs missing required content	Participate in SC Cert; use checklist to ensure compliance of IFSPs	Continues to be inconsistent Update: Corrected 1/07	Deadline is March 2006 Compliance Met 1/2007
Eligibility Evaluation #3	3/1/05	Vision and hearing results missing; 2 out of 15 referrals missed 45-day timeline; 9 out of 12 IFSPs missing required content	Participate in SC Cert; use checklist to ensure IFSP compliance	Vision/Hearing issues corrected; Inconsistencies continue with IFSPs Update: Corrected 1/07	Deadline March 2006 Compliance Met 1/2007
Eligibility Evaluation #4	4/15/05	Failure to provide rights; 8 out of 15 referrals missed 45-day timeline; 10 out of 15 IFSPs missing required content	Participate in SC Cert; monitor reports for vision/hearing info.; utilize checklist to ensure IFSP compliance	Problems persisted throughout the fiscal year; referrals stopped by DC EIP	N/A – no longer a sub-grantee; terminated 9/05

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Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
Eligibility Evaluation #5	5/1/05	Vision and hearing results missing; 8 out of 30 referrals missed 45-day timeline; 12 out of 22 IFSPs missing required content;	Review documents prior to completion; develop system for tracking referrals	Inconsistencies continue	Deadline May 2006 No Longer an DC EIP sub-grantee
Child Find # 1	03/10/05	Failure to refer children to Part C without parental consent No written protocols for making referrals to Part C	Evidence of written protocols that support the referral of children to Part C with or without parental consent.	Not all non-compliance issues corrected	Decreased funding
Child Find #2	03/07/05	Failure to refer children to Part C without parental consent Staff and written material did not address options for accessing child find Failure to submit timely invoices according to the grant	Evidence of written protocols that support the referrals of children to Part C with or without parental consent Written information that identifies the options for accessing child find Invoices are submitted as required in the grant agreement	All non-compliance corrected by 4/15/05	

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Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
		requirement			
Child Find #3	Failed to develop CAP	Failure to identify and refer children Failure to implement grant		No	Termination of grant – 9/05
Child Find #4	03/08/05	Failure to refer children to Part C without parental consent Staff and written material did not address options for accessing child find Failure to submit timely invoices according to the grant requirement	Referrals are made to Part C regardless of parental consent Evidence of written protocols that support the referrals of children to Part C with or without parental consent Written information that identifies the options for accessing child find Invoices are submitted as required in the grant agreement	All non-compliance corrected by 4/20/05	
Child Find # 5	03/02/05	No Part C materials or information visible or available for families to access Failure to refer children to Part C without	Part C materials visible and available to families Referrals are made to Part C regardless of parental consent Invoices are submitted as required in the grant agreement	Not all non-compliance issues have been corrected	Decreased funding

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Agency	Date of CAP	Compliance Issue(s)	Data Required	Non-Comp Corrected	If Not, Next Steps
		parental consent Failure to submit timely invoices according to the grant requirement			
Child Find #6	02/25/05	Failure to refer children to Part C without parental consent Failure to submit timely invoices according to the grant requirement	Referrals are made to Part C regardless of parental consent Invoices are submitted as required in the grant agreement	All non-compliance corrected by 3/29/05	
Child Find # 7	01/24/05	No Part C materials or information visible or available for families to access Failure to refer children to Part C without parental consent	Part C materials visible and available to families Referrals are made to Part C regardless of parental consent	All non-compliance corrected by 3/03/05	

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

- a. **# of findings of noncompliance made related to monitoring priority areas and indicators:**

Direct service providers: Indicator #8-C, percent of all children exiting Part C who received a transition conference, if child potentially eligible for Part B - there were two (2) findings of non-compliance related to the transition conference. See direct service providers #2 and #7 on monitoring summary table.

Evaluation providers: Indicator # 7, Forty-five day timeline – there were 5 findings of noncompliance related to the 45-day timeline. See eligibility evaluation providers on monitoring summary table.

- b. **# of corrections completed as soon as possible but in no case later than one year from identification:**

Direct Service providers: One of the providers corrected the non-compliance within six (6) months of identification. The other provider has not fully corrected the non-compliance and has until December 15, 2005, to complete the year from the date of identification. This provider has entered into a technical assistance agreement with DC EIP to facilitate compliance.

Evaluation providers: All evaluation sub-grantees continued to demonstrate inconsistencies in compliance although most are now close to 90% compliant. All sub-grantees had until March 2006 to demonstrate 100% compliance. Of those five (5) identified, three (3) will not serve as grantees during fiscal year 2005. DC EIP continues to be challenged with use of vendors who are not sub-grantees but who are providing support for the completion of the eligibility evaluation process.

By January 2007, all evaluation sub-grantees previously identified as out of compliance had demonstrated compliance with the federal requirements for implementation of the 45-day timeline and development of the initial IFSP.

DC EIP's Medicaid vendor continued to demonstrate non-compliance during the fiscal year related to meeting timelines. Meetings were held with the Medicaid Managed Care Organizations to address this issue. DC EIP also met with the vendors administrators on several occasions. A new administration took over the unit that DC EIP works with and some improvement was seen. One staff member was dismissed when it was discovered that she had not been processing paperwork given to her. This included documents that were not being forwarded to the DC EIP. DC EIP now speaks directly with a senior therapist when there is a question about a referral that has not been resolved by the

responsible staff. This action has resulted in some improvements in service delivery. The Medicaid managed care organizations (MCO) have also stopped making referrals to this agency unless absolutely necessary.

DC EIP has identified and secured a new provider to assist with completion of the eligibility determination process for Medicaid funded children. This provider is now able to accept direct referrals from one (1) Medicaid MCO for children under two (2) and is working on securing contracts with two (2) other MCOs and with DC Medicaid. Utilization of this provider will allow DC EIP to be less dependent on the other Medicaid vendor. This new provider has already exceeded our expectations in complying with Part C and DC EIP timelines.

B. Percent of noncompliance related to areas not included in the SPP priority areas and indicators corrected within one year of identification:

a. # of findings of noncompliance made related to such areas:

Direct Service providers: there were 23 findings of non-compliance among 11 direct service providers in the following areas:

34 CFR 303.403 - Prior Notice – seven (7) findings

34 CFR 303 - Complaint procedures – two (2) findings

34 CFR 303.342 - Procedures for IFSP development (b) Periodic review- three (3) findings

34 CFR 303.444 (c) (1) - Content of an IFSP/Outcomes – six (6) findings

34 CFR 303.340 - Ensure IFSP developed - one finding

34 CFR 303.12(a) (3) (ii) - Qualified Personnel – three (3) findings

Child Find providers: there were 10 findings of non-compliance among seven (7) child find providers in the following areas:

34 CFR 303.321 (d) - Child Find Referral Procedures – seven (7) findings

34 CFR 303.320 - Public Awareness – three (3) findings

Evaluation providers: there were five (5) findings of non-compliance among five (5) evaluation providers in the following areas:

34 CFR 303.342 - Procedures for IFSP Development

34 CFR 303.444 - Content of an IFSP – Outcomes

- b. # of corrections completed as soon as possible but in no case later than one year from identification:

Direct Service providers: 20 out of 23 corrections were completed in compliance with timelines prescribed in the CAP and well within one year of identification. The deadline for correcting the other 3 compliance issues is December 15, 2005. All three of the corrections belong to the provider with the TA agreement. It is expected that full compliance will not be achieved by December 15, 2005 and the TA agreement will be extended.

Child Find providers: Eight (8) out of 10 corrections were completed in compliance with timelines prescribed in the CAP. The 2 outstanding corrections belonged to the same provider and that agency's child find contract has not been renewed.

Evaluation providers: All five (5) sub-grantees had until March 2006 to resolve and prove compliance. Compliance requirements were met by January 2007.

- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of agencies in which noncompliance was identified through other mechanisms.

None

- b. # of findings of noncompliance made.

None

- c. # of corrections completed as soon as possible but in no case later than one year from identification.

None

Discussion of Baseline Data:

All of the baseline data reported under Sections "A" and "B" above were collected through on-site monitoring of the 27 direct service, child find and evaluation sub-grantees, under contract with DC EIP from October 1, 2004 - September 30, 2005. DC EIP's on site monitoring process includes analysis of the provider's self assessment data and the utilization of information gathered through desk audits prior to making site visits. All providers were monitored for the 2004-05 cycle. The Part C Office will select approximately half of the providers for the full cycle of monitoring during 2005-06. Those who have had the most difficulty coming into compliance during 2004-05 will be targeted first.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

	Improvement Activity	Timelines & Resources	Status
1.	Early Intervention (EI) Specialists make bi-monthly phone calls to families to ensure services are being received and that families are satisfied with the outcomes	Ongoing 2005 – 2010 Part C staff	FFY 2008: EI Specialists were trained and are documenting contact on a weekly basis.
2.	EI Specialists facilitate IFSP meetings for children on their service coordination caseload to ensure compliance with Part C requirements	Ongoing 2005 – 2010 Part C staff	FFY 2008: EI Specialists were trained and are documenting contact on a weekly basis.
3.	Review and certification of provider invoices	Ongoing 2005 – 2010 Part C staff	FFY 2008: Part C Staff are responsible for reviewing and certifying provider invoices. This activity

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	Improvement Activity	Timelines & Resources	Status
			is being monitored and improvements are made to the process as necessary.
4.	Partner with NCSEAM, NECTAC and MSRRC to analyze the current general supervision model	Ongoing 2007 – 2010 Part C Coordinator and staff; NECTAC, DAC and MSRRC	FFY 2008: This activity was not completed in FFY 2008. DC EIP partnered with DAC, MSRRC, and NECTAC in Fall 2009 to complete this activity.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

During the baseline reporting period, the lead agency for DC EIP was the Department of Human Services. The Office of the State Superintendent (OSSE) is the new Lead Agency for Part C in the District of Columbia effective April 2008. DC EIP has not adopted the due process procedures of Part B, in 34 C.F.R. Part 303.400 for the timely administrative resolution of individual complaints by parents concerning the identification, evaluation, placement and provision of Early Intervention services for their child. The DC EIP maintains a Memorandum of Agreement with the Part B Hearing Office to ensure availability of persons qualified to review complaints, mediation or due process requests.

The DC EIP has developed a “Families Have Rights” brochure for families to explain their rights relative to the Individuals with Disabilities Education Act (IDEA). This brochure not only outlines their basic rights such as evaluation, IFSP, service coordination, privacy and consent but also addresses the process for families to receive attention when they are not pleased with any aspect of the Part C system and would like support and assistance. The brochure identifies the process and contact information for filing a formal complaint. Parents may file a written complaint by email, fax, or letter to:

Kerri L. Briggs, PhD State Superintendent of Education, Office of the State Superintendent of Education, 441 4th Street, NW, Suite 350 North, Washington, DC 20001. Email – kerri.briggs@dc.gov

Any person with a concern about the Infant and Toddler with Disabilities Program has the right to submit a written complaint about any aspect of the program or system. The OSSE has sixty (60) days to investigate and respond to the written complaint.

During the reporting period (October 1, 2004 – September 30, 2005), DC EIP had no formal written complaints to the then lead agency director under DHS. Twelve (12) informal complaints received by the DC EIP Program Manager during the same period were resolved to the satisfaction of the families.

Baseline Data for FFY 2004 (2004-2005):

DC EIP did not receive any signed written complaints during the reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Baseline Data for FFY 2005 (2005-2006):

DC EIP did not receive any signed written complaints during the reporting period

Baseline Data for FFY 2006 (2006-2007):

DC EIP did not receive any signed written complaints during the reporting period

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Improvement Activities/Timelines/Resources:

DC EIP continues to monitor this issue.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

OSSE has adopted the Part B hearing procedures for Part C to address all requests for mediation and due process hearings. The “Families Have Rights” brochure outlines the process for requesting a due process hearing. Families may contact:

The Office of the State Superintendent of Education, Student Hearing Office, 1150 5th Street, SE, Washington, DC 20003. Phone and fax numbers are also printed on the brochure.

Baseline Data for FFY 2004 (2004-2005):

DC EIP did not receive any due process hearing requests during the reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%

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2009 (2009-2010)	100%
2010 (2010-2011)	100%

Baseline Data for FFY 2005 (200-2006):

DC EIP did not receive any due process hearing requests during the reporting period.

Baseline Data for FFY 2006 (2006-2007):

DC EIP did not receive any due process hearing requests during the reporting period.

Improvement Activities/Timelines/Resources:

DC EIP continues to monitor this issue.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

See overview – Indicator 11.

Baseline Data for FFY 2004 (2004-2005):

DC EIP did not receive any signed written complaints during the reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009	100%

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(2009-2010)	
2010 (2010-2011)	100%

Baseline Data for FFY 2005 (2005-2006):

DC EIP did not receive any signed written complaints during the reporting period.

Baseline Data for FFY 2006 (2006-2007):

DC EIP did not receive any signed written complaints during the reporting period.

Improvement Activities/Timelines/Resources:

DC EIP continues to monitor this issue.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

As required by law, the Part C Office offers mediation as an alternative to the formal hearing process. Mediation is provided for families to resolve disputes involving any matter relating to child identification, screening, evaluation, assessment, eligibility determination, the development, review and implementation of the IFSP, and the failure to respect parents' procedural rights. Mediation is voluntary on the part of all parties and cannot be used to deny or delay a parent's right to a due process hearing or deny any other rights afforded by IDEA and is not binding on the participants. It is conducted by a qualified, impartial mediator.

DC EIP currently utilizes the Part B hearing procedures including the use of the mediation system. The Parent's Rights Brochure includes an explanation of procedural policies, including the availability of mediation prior to and upon the filing of a due process complaint. In addition, the Due Process Complaint Notice form explicitly informs the parent that it is their right to have mediation, including prior to the filing of a due process hearing.

Assistant Superintendent for Special Education, Office of the State Superintendent of Education, 51 N Street, NE, Washington, DC 20002. Phone – (202) 727-2824 or via email – www.osse.dc.gov

Baseline Data for FFY 2004 (2004-2005):

During the reporting period (October 1, 2004 – September 30, 2005) DC EIP received no requests for mediation.

Discussion of Baseline Data:

DC EIP did not receive any mediation requests during the reporting period.

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FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Baseline Data for FFY 2005 (2005-2006): NA

DC EIP did not receive any mediation requests during the reporting period.

Baseline Data for FFY 2006 (2006-2007): NA

DC EIP did not receive any mediation requests during the reporting period.

Improvement Activities/Timelines/Resources:

DC EIP continues to monitor this issue.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a) (3) (B) and 1442)

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

The DC EIP staff prepare all state reported data required by OSEP for compliance with Part C of IDEA. DC EIP does not have a Part C Data Manager. The DC EIP Program Analyst or assigned staff perform all data related tasks and coordinates production of these reports. Data are gathered through monitoring all early intervention service providers and DC EIP sub-grantees and from the Part C data system. During calendar year 2005, all state reported data was submitted on or before the due dates.

In the past, the DHS Office of Information Systems (OIS) was responsible for providing technology supports to all agencies within DHS. In 2002, OIS developed a “management information system” (MIS) for DC EIP to keep track of all data collected. Unfortunately, this system has had many glitches that have persisted to the present time despite numerous attempts by OIS to correct the problems. As a result, DC EIP has had to rely substantially on manual tabulation of data.

The plan set forth in the FY 2003 APR to embark on a web-based data system is still underway. The DC EIP has considered various options for implementing a web-based system but has not yet completed this task. The DC EIP Management Information System (MIS) was successfully re-developed by the DHS OIS and in use June 2006. Substantial enhancements were made to the system between 2006 – 2007. The web-based component has not been implemented. DC EIP began using the data base as its primary tool for collection and analysis of data with the development of the FFY 2006 APR. Desk audits continue to be performed to ensure the accuracy of the data.

Baseline Data for FFY 2004 (2004-2005):

All federally required reports were submitted on or before their due dates including: the 618 Data Tables; the FY 2003 Annual Performance Report; the FY 2005 Part C Grant Application; and the Part C SPP/APR.

As mentioned earlier, the Part C Office is carrying out a comprehensive internal audit, referred to as the Child Find Validation Review, to determine the accuracy of DC EIPs child count data. This is discussed further below.

Discussion of Baseline Data:

DC EIP recognizes the need to ensure accurate data collection and the challenges associated with not having a dependable management information system. In order to investigate the accuracy of the District's Part C data, the Part C Office initiated a comprehensive audit ("Child Find Validation Review") to determine the exact count of children who received services during the fiscal year (October 1, 2004 – September 30, 2005). For this audit, DC EIP used a manual system and counting everything by hand. An additional analysis was completed for every child referred to the Part C system and found eligible over the past three (3) years at the time baseline data was submitted (2004-2005). The Part C Office completed both analyses by the end of December, 2005.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

Improvement activities are currently being revised.

Part C – SPP /APR Attachment 1 (Form)

Report of Dispute Resolution under Part C of the Individuals with Disabilities Education Act
Complaints, Mediations, Resolution Sessions, and Due Process Hearings:

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45	0

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day/Part B 45 day}	
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0